SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO
AND
LEGAL AID SOCIETY OF SAN DIEGO, INC.

SELF HELP PACKET FOR THE LIMITED CONSERVATORSHIP OF THE PERSON

FORMS INCLUDED IN THIS PACKET	
Petition for Appointment of Probate Conservator (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-310
Referral Information and List of Relatives (Confidential) (Probate Conservatorship)	SDSC Form #PR-020
Notice of Hearing—Guardianship or Conservatorship (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-020
Attachment to Notice of Hearing Proof of Service by Mail (Probate—Decedents' Estates and Guardianships and Conservatorships)	Judicial Council Form #DE-120(MA)/GC-020(MA)
Citation for Conservatorship (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-320
Confidential Conservator Screening Form (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-314
Confidential Supplemental Information (Probate Conservatorship)	Judicial Council Form #GC-312
Capacity Declaration--Conservatorship	Judicial Council Form #GC-335
Duties of Conservator and Acknowledgment of Receipt of Handbook (Probate Conservatorship)	Judicial Council Form #GC-348
Order Appointing Probate Conservator (Probate—Guardianship and Conservatorships)	Judicial Council Form #GC-340
Letters of Conservatorship (Probate—Guardianships and Conservatorships)	Judicial Council Form #GC-350
Information Sheet on Waiver of Superior Court Fees and Costs	Judicial Council Form #FW-001-INFO
Request to Waiver Court Fees	Judicial Council Form #FW-001
Order on Court Fee Waiver (Superior Court)	Judicial Council Form #FW-003

Who is this manual for?

This manual is not for everyone. It is for adults who do not have a lawyer and want to be the limited conservator of an adult who has developmental disabilities.

Also,

- The adult with developmental disabilities must live in San Diego now
- The adult with developmental disabilities must have little or no money, no estate, and no inheritance.
- This manual is not for you if you also need to be a conservator of the estate of an adult with developmental disabilities.

This manual has information on:

- How to fill out the forms you need to become a limited conservator of a person only.
- Your rights and responsibilities as a limited conservator

If you need help, call the San Diego County Bar Association Lawyer Referral & Information Service: 619-231-8585 for referral to an attorney.

Court Addresses

Downtown San Diego:
Probate Clerk's Office, 3rd floor
Madge Bradley Building
San Diego Probate Court
1409 4th Avenue, San Diego

North County Division:
Probate Clerk's Office
325 S. Melrose Drive
Vista, CA 92081

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Forms and Instructions to Become a Limited Conservator

Here's what you need to do:

Read the attached manual, *Self-Help Manual for Limited Conservatorship of the Person*. It explains the court process and how to fill out your court forms.

1) Fill out the attached forms completely

- ❑ GC-310 – *Petition for Appointment of Probate Conservator*
- ❑ GC-320 – *Citation for Conservatorship*
- ❑ GC-020 – *Notice of Hearing*
- ❑ GC-312 – *Confidential Supplemental Information*
- ❑ GC-314 – *Confidential Conservator Screening Form*
- ❑ GC-348 – *Duties of Conservator*
- ❑ SDSC PR-20 – *Referral for Investigator's Report*

If you can't afford to pay the court filing fee, fill out these forms, too:

- ❑ FW-001 – *Application for Waiver of Court Fees and Costs*
- ❑ FW-003 – *Order on Application for Waiver of Court Fees and Costs*

2) Make three (3) sets of copies of the forms listed above. Two-hole punch the top of all the forms and submit the forms to the Probate Clerk's Office. Pay the filing fee unless you qualify for a fee waiver. You can check the court's website at www.sdcourt.ca.gov for further information on fee waivers.

3) Arrange to have someone over 18 (but not you) mail a copy of form GC-020 – *Notice of Hearing* and a copy of form GC-310 – *Petition for Appointment of Probate Conservator* to all of proposed conservatee's relatives within the second degree (read Self-Help Manual at page 4 for more information). Also arrange to have someone over 18 (but not you) hand deliver a copy of form GC-320 – *Citation for Conservatorship* and a copy of form GC-310 – *Petition for Appointment of Probate Conservator* to the proposed conservatee (read the Self-Help Manual at page 5). Then copy and file the *Notice* and *Citation* with the proof of service on the back completed by the person who performed the mailing and the delivery of the citation.

4) Arrange to get the form GC-335 – *Capacity Declaration - Conservatorship* completed by the proposed conservatee's doctor and file it with the court.

5) Be prepared to schedule meetings with the court investigator, court appointed attorney and the Regional Center (see page 5 of the Self-Help Manual for further information).

6) Check the Probate Examiner Notes on the internet a few days before the hearing (see page 9 of the Self-Help Manual for further information).

7) Attend the court hearing and bring the proposed conservatee to the court hearing unless his/her doctor states on form GC-335 – *Capacity Declaration – Conservatorship* that the proposed conservatee does not have to attend the hearing.

8) If the judge appoints you as the conservator, fill out and file form GC-340 *Order Appointing Conservator* and form GC-350 *Letters of Conservatorship* and submit them to the Clerk's Office.

What is a Limited Conservatorship?

There are several types of conservatorships. One special type of conservatorship is called the **limited conservatorship.** This is when a judge appoints a responsible person (called a **conservator**) to assist an adult with developmental disabilities (called a **conservatee**) who is unable to provide for her/his personal and/or financial needs.

There are two kinds of limited conservatorships:

1. **A limited conservatorship of the person** is a court arrangement where a conservator cares for and protects a developmentally disabled adult and provides for the conservatee's needs associated with daily life.

2. **A limited conservatorship of the estate** is a court arrangement where a conservator handles the conservatee's financial matters - like paying bills and collecting the conservatee's income if the conservatee has an estate.

How will I know if I also need to be a limited conservator of the estate?

You *do not* need a conservatorship of the estate if:

- the developmentally disabled adult you care for gets public assistance, like Supplemental Security Income (SSI) or Social Security (SSA) but has no other assets, or

- the developmentally disabled adult earns a wage.

But, you *need* a conservatorship of the estate if the developmentally disabled adult has other assets, such as an inheritance or a settlement from a lawsuit that is not in a special needs trust.

Note: This manual addresses conservatorship of the person only.

When is a bond required?

A bond is required in most conservatorships of the estate to guarantee proper performance of the duties of the conservator of the estate. If you are appointed only as conservator of the person you need not file a bond unless required by the court.

Who decides if the adult is developmentally disabled?

An adult with developmental disabilities is someone who has severe and chronic disabilities because of a mental or physical impairment.

The **Regional Center** in your community will test the proposed conservatee to see if she/he is developmentally disabled. If the Regional Center accepted the person as a consumer (or client) before age eighteen (18), then she/he automatically qualifies as a person with developmental disabilities. But, if the person has never been tested or accepted as a regional center consumer, she/he must be tested.

If the Regional Center feels that individual does not qualify as a person with developmental disabilities, and you disagree, you can appeal to the Area Board in your region (created by the state legislature to advocate for the rights of individuals with developmental disabilities).

When should I apply for limited conservatorship?

If you are trying to establish a limited conservatorship for someone who will soon be 18 years old, it's a good idea to start the process more than 3 months before the developmentally disabled person's 18th birthday. However, you can establish a limited conservatorship at any time after the person with the developmental disability has reached age 18.

Who can be appointed as limited conservator?

Any adult can file for conservatorship. Conservators are usually parents, sisters, or brothers, but any responsible adult can act as conservator. And, there can be more than one limited conservator.

What all limited conservators need to know!

What kind of decisions can a limited conservator make?

A limited conservator's duty is to help the limited conservatee *develop maximum self-reliance and independence*. Because developmentally disabled adults can usually do many things on their own, the judge will only give the limited conservator power to do things the conservatee cannot do without help.

After the hearing the limited conservator's *"Letters of Conservatorship"* and the *"Order Appointing Probate Conservator"* will list the exact areas (powers) in which the limited conservator is authorized to act.

What powers can a limited conservator ask for?

A limited conservator may ask the court to give you the following seven (7) powers:

1. Fix the conservatee's residence or dwelling
2. Access the conservatee's confidential records or paper
3. Consent or withhold consent to marriage on behalf of the conservatee
4. Enter into contracts on behalf of the conservatee
5. Give or withhold medical consent on behalf of the conservatee
6. Select the conservatee's social and sexual contacts and relationships
7. Make decisions to educate the conservatee

What are the Responsibilities of a Limited Conservator?

As a limited conservator of the person, you must take care of the conservatee's:

- Food
- Clothing
- Shelter
- Well-being

For more information refer to the *Handbook for Conservators*, published by the Judicial Council of California and available at the Probate Clerk's window for a fee. The handbook is also available on the internet:

http://www.courtinfo.ca.gov/selfhelp/seniors/handbook.htm

How do I establish a limited conservatorship? – A step-by-step Guide:

Establishing a limited conservatorship takes time. You need to fill out paperwork and file it with the Probate clerk. Then you must arrange to give notice to certain relatives of the proposed conservatee, and arrange to have the citation served on the proposed conservatee. Next you must attend the hearing, and, if your petition is granted, file more paperwork with the Probate clerk.

What to do:

***Step 1*: Make sure you have these court forms.**

As part of your conservatorship package you should have the following forms:

The name of the form and the form number are always in the same place. The *form number* is located in the upper right-hand corner and also in the lower left-hand corner.

The ***form name*** is located in the center at the bottom of the page and also in the "caption" box on top of the page.

- *Petition for Appointment of Probate Conservator* (GC-310)
- *Referral for Investigator's Report* (SDSC PR-20)
- *Notice of Hearing* (GC-020)
- *Citation for Conservatorship* (GC-320)
- *Confidential Conservator Screening Form* (GC-314)
- *Confidential Supplemental Information* (GC-312)
- *Capacity Declaration-Conservatorship* (GC-335)
- *Duties of Conservator* (GC-348)
- *Order Appointing Conservator* (GC-340)
- *Letters of Conservatorship* (GC-350)

***Step 2*: Fill out the forms.**

The person who fills out the forms is called the **petitioner**. The person who wants to be the proposed conservator can be the petitioner or another person.

Sometimes the questions on these forms ask you for more information, like explanations, and to write them out on a separate sheet of paper. These are called **Attachments**. If you need to add an Attachment, write the following information at the top of a blank sheet of paper and attach it to the form:

- ❑ Conservatorship of _____ (insert name of proposed conservatee)
- ❑ Case number _____ (insert case number)
- ❑ _____(Name of the Form which requires the attachment, e.g. "Petition for Appointment of Probate Conservator")
- ❑ Attachment # _____ (insert the item number that requires the attachment)

After you have completely filled out all the forms, make **3 copies** of all forms.

Staple the pages together of those forms that consist of more than one page (e.g. *Petition for Appointment of Probate Conservator* (GC-310) consists of pages 1 through 5 and might also require you to create attachments)

You must **2-hole punch** the top of all the forms.

Organize the forms as follows: the original (signed) form on top and the 3 copies underneath. Repeat this with each of the forms: original on top, 3 copies underneath.

***Step 3*: File the Forms.**

Then, file your forms at the Court Clerk's office.

Downtown San Diego:
Probate Clerk's Office, 3rd floor
Madge Bradley Building
San Diego Probate Court
1409 4th Avenue, San Diego

North County Division:
Probate Clerk's Office
325 S. Melrose Drive
Vista, CA 92081

The clerk will ask you to pay the court fees. Keep your receipt. You may need it later. To find out the current fee, visit the San Diego Court's website at:

http://www.sdcourt.ca.gov

If you can't afford the pay the Court fees, fill out the following:

- *Application for Waiver of Court Fees and Costs* (FW-001), and
- *Order on Application for Waiver of Court Fees and Costs* (FW-003)

***Step 4*: Get a Conformed Copy**

The clerk will keep the original forms and one set of copies and will return to you a "conformed" set of copies. A "conformed" copy means a copy that has been stamped exactly as the original. This copy will be your proof that you filed the forms in person.

The clerk will stamp your hearing date and time on the *Notice of Hearing* (GC-020). This is the date the judge will hear your case.

***Step 5*: Giving Notice and Serving Citation**

A) Giving Notice

The law says you must arrange to give notice to certain relatives of the proposed conservatee and to some agencies. This means someone over the age of 18 – **not you** – must mail a copy of the *Notice of Hearing* (GC-020) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) to those individuals and agencies before the hearing. This way they will know you are asking to be the conservator of the adult with developmental disabilities and where and when the court proceedings are taking place.

You must do this even if you think they don't care or may disagree with you.

You must arrange to "give notice by mail" to the following relatives of the proposed conservatee and agencies:

- Parents
- Brothers and sisters
- Spouse
- Children
- Grandparents
- Grandchildren, and
- Regional Center
- Veteran's Administration (if applicable)

The relatives and the Veteran's Administration must receive at least 15 days notice prior to the hearing. The Regional Center requires 30 days notice.

What if I don't know where some or all of the relatives are?

Try to find the relatives by:

- asking all family members and friends who might know them, and
- looking in phone books and the internet, and
- calling telephone information, and
- contacting the last known address, phone number and employer of that relative.

If you still cannot find the relative(s), write out an optional form called *Due Diligence Declaration* listing all the efforts you took in finding them and sign and date the declaration under penalty of perjury under the laws of California.

What if a relative is out-of-state or in another country?

You must still arrange for a server – **not you** – to mail a copy of the *Notice of Hearing* (GC-020) and *Petition for Appointment of Probate Conservator* (GC-310) at least 15 days before the Court hearing

(B) Serving the Citation

The law says you must arrange to have someone over the age of 18 – **not you** – "serve a citation" on the proposed conservatee at least 15 days before the hearing date. "Serving a citation" means someone must personally give a copy of the *Citation* (GC-320) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) to the developmentally disabled adult.

You should be careful that the server delivers only a copy of the citation and not the original citation. You can identify the "original" citation by the signature of the court clerk on the front page. There is only one "original" citation, which needs to be returned to the court with the completed "Proof of Service" on the back.

Who can serve the Citation and mail the Notice?

Ask a friend or a family member who is 18 years old or over, or hire a professional process server. A "Process Server" is a business you pay to deliver court papers. Look in the Yellow pages under "Process Serving." The Sheriff's Department may also serve as process server.

How to fill out the Proof of Service?

Both the *Notice of Hearing* (GC-020), and the *Citation* (GC-320) have a Proof of Service on the back, which needs to be filled out by the "server".

The person who performs the mailing must fill out the "**Proof of Service by Mail**" on the back of the *Notice of Hearing* (GC-020) after he/she has mailed out a copy of the *Notice of Hearing* (GC-020) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) to the relatives and the Regional Center. The server has to state their residence or business address in number 2., how the mailing has occurred in number 3, the date and place mailed in number 4, check number 5 stating that they have served a copy of the petition and date, print their name and sign under penalty of perjury that the foregoing is true and correct. Also, the server has to list the names and addresses of everybody to whom notice was mailed.

The person who serves the citation must then fill out the "**Proof of Service**" on the back of the ORIGINAL *Citation* (GC-320) after he/she has served the copy of the *Citation* (GC-320) and a copy of the *Petition for Appointment of Probate Conservator* (GC-310) on the proposed conservatee. The server has to state the information in number 2 through 5, then date, and sign under penalty of perjury that the foregoing is true and correct. ***Note***: you can identify the "ORIGINAL" citation by the signature of the court clerk on the front page. There is only one "original" citation, which needs to be returned to the court with the completed "Proof of Service" on the back.

Then, the petitioner must copy these completed forms and file them with the court. The clerk will return a "conformed" copy to the petitioner.

***Step 6*: Court Investigation**

The Court investigator will call the house or residential place where the proposed conservatee lives to set up a home visit.

The Court wants the investigator to write a report for the Court and make recommendations about your case.

***Step 7*: Court Appointed Attorney**

The Court will also appoint an attorney for the proposed conservatee. The attorney will also meet with the proposed conservatee and find out if a conservatorship is appropriate and file a report accordingly.

Step 8: Doctor's Declaration

You need to get the *Capacity Declaration* (Form GC-335) filled out and signed by the proposed conservatee's doctor. Make sure the doctor fills out the form completely and signs and dates the first and third page and also initials the third page. Be sure that all the questions are answered by the doctor and nothing is left blank.

Then copy and file this form with the clerk. The clerk will return a "conformed" copy to the petitioner.

***Step 9*: Check the Probate Examiner Notes**

You can check the Probate Examiner Notes a couple of days before the hearing date at the following website:

http://www.sdcourt.ca.gov

You can then enter the case number and find out if there are any problems with your case.

If you see an "X" at the bottom of the Notes, it means that there is a problem with your petition. You should then call the Probate Examiner listed in the Notes from 1:30pm-2:30 pm. You may see the Probate Examiner in person from 2:30pm-3:30pm At:

Downtown San Diego
Probate Clerk's Office, 3rd floor
Madge Bradley Building
San Diego Probate Court
1409 4th Avenue, San Diego
(619) 687-2000

North County Division:
Probate Clerk's Office
325 S. Melrose Drive
Vista, CA 92081
(760) 806-6150

You must fix the problem before your hearing date. The judge will not be able to decide on your petition until the problem has been fixed.

***Step 10*: Attend the hearing.**

The petitioner must attend the hearing. You should bring all the forms, including all conformed copies, to the hearing.

The proposed conservatee must attend the hearing, unless his/her doctor states in writing (on the *Capacity Declaration* GC-335) that he/she is unable to attend.

Everyone who received a *"Notice of the Hearing"* may attend the hearing.

At the hearing, the judge may (1) grant the petition for conservatorship, (2) continue the hearing to a future date if there is something missing in the petition or if some reports have not yet been filed, or (3) deny the petition.

If the proposed conservatee or any attendees object to the petition, a trial will be scheduled so that everyone's position regarding the conservatorship will be heard.

What happens after the hearing?

If the court says you can be the conservator for the developmentally disabled adult, you must do the following before your appointment becomes effective:

1. Fill out and submit these forms with the Clerk's Office:

- GC-340 *Order Appointing Conservator*
- GC-350 *Letters of Conservatorship*

You must bring two (2) sets of these forms. Both sets must be stamped by the Clerk. The Clerk keeps one set and you keep the other set.

You must also bring a self-addressed stamped envelope.

2. Buy a copy of the *Handbook for Conservators* published by the Judicial Council of California, if you have not already done so.

How long will I be a conservator?

The limited conservatorship lasts *for the lifetime of the conservatee or the lifetime of the conservator (whichever is shorter)* unless the court orders otherwise. Also, if a court investigator's report or other information suggests a conservator is not acting in the best interests of the conservatee, the judge will issue an order to show cause. If this happens, there will be a court hearing to decide if the conservator should be removed and replaced. This is not a criminal hearing, but, if a conservator is suspected of taking physical or financial advantage of a conservatee, the State can file criminal charges.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. (*Optional*):

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CONSERVATORSHIP OF

(Name):

(PROPOSED) CONSERVATEE

CASE NUMBER:

HEARING DATE AND TIME: DEPT.:

PETITION FOR APPOINTMENT OF ☐ SUCCESSOR PROBATE CONSERVATOR OF THE ☐ PERSON ☐ ESTATE

☐ **Limited Conservatorship**

1. **Petitioner** *(name):* **requests that**

   a. *(Name):* *(Telephone):*
   (Address):

   be appointed ☐ successor ☐ conservator ☐ limited conservator of the PERSON of the (proposed) conservatee and Letters issue upon qualification.

   b. *(Name):* *(Telephone):*
   (Address):

   be appointed ☐ successor ☐ conservator ☐ limited conservator of the ESTATE of the (proposed) conservatee and Letters issue upon qualification.

   c. (1) ☐ bond not be required ☐ because the proposed ☐ successor conservator is a corporate fiduciary or an exempt government agency. ☐ for the reasons stated in Attachment 1c.

   (2) ☐ bond be fixed at: $ to be furnished by an authorized surety company or as otherwise provided by law. *(Specify reasons in Attachment 1c if the amount is different from the minimum required by Probate Code section 2320.)*

   (3) ☐ $ in deposits in a blocked account be allowed. Receipts will be filed. *(Specify institution and location):*

   d. ☐ orders authorizing independent exercise of powers under Probate Code section 2590 be granted. Granting the proposed ☐ successor conservator of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the conservatorship estate. *(Specify orders, powers, and reasons in Attachment 1d.)*

   e. ☐ orders relating to the capacity of the (proposed) conservatee under Probate Code section 1873 or 1901 be granted. *(Specify orders, facts, and reasons in Attachment 1e.)*

   f. ☐ orders relating to the powers and duties of the proposed ☐ successor conservator of the person under Probate Code sections 2351–2358 be granted. *(Specify orders, facts, and reasons in Attachment 1f.)*

   g. ☐ the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment or healing by prayer and that the proposed ☐ successor conservator of the person be granted the powers specified in Probate Code section 2355. *(Complete item 9 on page 6.)*

Do NOT use this form for a temporary conservatorship.

CONSERVATORSHIP OF *(Name):* CONSERVATEE	CASE NUMBER:

1. h. ☐ *(for limited conservatorship only)* orders relating to the powers and duties of the proposed ☐ successor * limited conservator of the person under Probate Code section 2351.5 be granted. *(Specify orders, powers, and duties in Attachment 1h and complete item 1j.)*

   i. ☐ *(for limited conservatorship only)* orders relating to the powers and duties of the proposed ☐ successor * limited conservator of the estate under Probate Code section 1830(b) be granted. *(Specify orders, powers, and duties in Attachment 1i and complete item 1j.)*

   j. ☐ *(for limited conservatorship only)* orders limiting the civil and legal rights of the (proposed) limited conservatee be granted. *(Specify limitations in Attachment 1j.)*

   k. ☐ orders related to dementia placement or treatment as specified in the *Attachment Requesting Special Orders Regarding Dementia* (form GC-313) under Probate Code section 2356.5 be granted. A *Capacity Declaration—Conservatorship* (form GC-335) and *Dementia Attachment to Capacity Declaration—Conservatorship* (form GC-335A), executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure with at least two years experience diagnosing dementia, ☐ are filed herewith. ☐ will be filed before the hearing.

   ☐ *(appointment of successor conservator only)* will not be filed because an order relating to dementia placement or treatment was filed on *(date):* . That order has neither expired by its terms nor been revoked.

   l. ☐ other orders be granted. *(Specify in Attachment 1l.)*

2. **(Proposed) conservatee** is *(name):* *(Telephone):*
   (Present address):

3. a. ☐ **Jurisdictional facts** *(initial appointment only):* The proposed conservatee has no conservator in California and is a
   (1) ☐ resident of California and
      (a) ☐ a resident of this county.
      (b) ☐ not a resident of this county, but commencement of the conservatorship in this county is in the best interests of the proposed conservatee for the reasons specified in Attachment 3a.
   (2) ☐ nonresident of California but
      (a) ☐ is temporarily living in this county, or
      (b) ☐ has property in this county, or
      (c) ☐ commencement of the conservatorship in this county is in the best interest of the proposed conservatee for the reasons specified in Attachment 3a.

   b. **Petitioner** *(answer items (1) and (2) and check all other items that apply:)*
   (1) ☐ is ☐ is not a **creditor** or an agent of a creditor of the (proposed) conservatee.
   (2) ☐ is ☐ is not a **debtor** or an agent of a debtor of the (proposed) conservatee.
   (3) ☐ is the proposed ☐ successor conservator.
   (4) ☐ is the (proposed) conservatee. *(If this item is **not** checked, you must also complete item 3f.)*
   (5) ☐ is the spouse of the (proposed) conservatee. *(You must also complete item 6.)*
   (6) ☐ is the domestic partner or former domestic partner of the (proposed) conservatee. *(You must also complete item 7.)*
   (7) ☐ is a relative of the (proposed) conservatee as *(specify relationship):*
   (8) ☐ is an interested person or friend of the (proposed) conservatee.
   (9) ☐ is a state or local public entity, officer, or employee.
   (10) ☐ is the guardian of the proposed conservatee.
   (11) ☐ is a bank ☐ other entity authorized to conduct the business of a trust company.
   (12) ☐ is a professional fiduciary within the meaning of Business and Professions Code section 6501(f) who is licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. Petitioner's license number is provided in item 1 on page 1 of the attached Professional Fiduciary Attachment. *(Use form GC-210(A-PF)/GC-310(A-PF) for this attachment. You must also complete item 2 on page 2 of that form and item 3d below.)*

* See Item 5b on page 4.

CONSERVATORSHIP OF *(Name):* CONSERVATEE	CASE NUMBER:

3. c. **Proposed** ☐ **successor conservator** is *(check all that apply):*
   (1) ☐ a nominee. (Affix *nomination as Attachment 3c(1).)*
   (2) ☐ the spouse of the (proposed) conservatee. *(You must also complete item 6.)*
   (3) ☐ the domestic partner or former domestic partner of the (proposed) conservatee. *(You must also complete item 7.)*
   (4) ☐ a relative of the (proposed) conservatee as *(specify relationship):*
   (5) ☐ a bank ☐ other entity authorized to conduct the business of a trust company.
   (6) ☐ a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
   (7) ☐ a professional fiduciary, as defined in Business and Professions Code section 6501(f). His or her statement concerning licensure or exemption is provided in item 1 on page 1 of the attached Professional Fiduciary Attachment. *(Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
   (8) ☐ other *(specify):*

   d. ☐ **Engagement and prior relationship with petitioning professional fiduciary** *(complete this item if petitioner is licensed by the Professional Fiduciaries Bureau.)*
      (1) ☐ Statements of who engaged petitioner, or how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family or friends, are provided in item 2 on page 2 of the attached Professional Fiduciary Attachment. *(Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
      (2) ☐ A petition for appointment of a temporary conservator is filed with this petition. That petition contains statements of who engaged petitioner, how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family and friends.

   e. **Character and estimated value of the property of the estate** *(complete items (1) or (2) and (3), (4), and (5)):*
      (1) ☐ *(For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):* Personal property: $, per Inventory and Appraisal filed in this proceeding on *(specify dates of filing of all inventories and appraisals):*

      (2) ☐ Estimated value of personal property: $
      (3) Annual gross income from
         (a) real property: $
         (b) personal property: $
         (c) pensions: $
         (d) wages: $
         (e) public assistance benefits: $
         (f) other: $ _____
      (4) **Total** of (1) or (2) and (3): $ _____
      (5) Real property: $
         (a) ☐ per Inventory and Appraisal identified in item (1).
         (b) ☐ estimated value.

   f. ☐ **Due diligence** *(complete this item if the (proposed) conservatee is not a petitioner):*
      (1) Efforts to find the (proposed) conservatee's relatives or reasons why it is not feasible to contact any of them are described on Attachment 3f(1).
      (2) Statements of the (proposed) conservatee's preferences concerning the appointment of any (successor) conservator and the appointment of the proposed (successor) conservator or reasons why it is not feasible to ascertain those preferences are contained on Attachment 3f(2).

CONSERVATORSHIP OF *(Name):* CONSERVATEE	CASE NUMBER:

4. **(Proposed) conservatee**
   a. ☐ is ☐ is not a patient in or on leave of absence from a state institution under the jurisdiction of the California Department of Mental Health or the California Department of Developmental Services *(specify state institution):*

   b. ☐ is receiving or entitled to receive ☐ is neither receiving nor entitled to receive benefits from the U.S. Department of Veterans Affairs *(estimate amount of monthly benefit payable):* $
   c. ☐ is ☐ is not able to complete an affidavit of voter registration.

5. a. ☐ **Proposed conservatee** *(initial appointment of conservator only)*
   (1) ☐ is an adult.
   (2) ☐ will be an adult on the effective date of the order *(date):*
   (3) ☐ is a married minor.
   (4) ☐ is a minor whose marriage has been dissolved.

   b. ☐ **Vacancy in office of conservator** *(appointment of successor conservator only. A petition for appointment of a limited conservator after the death of a predecessor is a petition for initial appointment. (Prob. Code, § 1860.5(a)(1).)*
   There is a vacancy in the office of conservator of the ☐ person ☐ estate for the reasons ☐ specified in Attachment 5b. ☐ specified below.

   c. **(Proposed) conservatee** requires a conservator and is
   (1) ☐ unable to properly provide for his or her personal needs for physical health, food, clothing, or shelter. Supporting facts are ☐ specified in Attachment 5c(1) ☐ as follows:

CONSERVATORSHIP OF *(Name):* CONSERVATEE	CASE NUMBER:

5. c. **(Proposed) conservatee** requires a conservator and is
   (2) ☐ substantially unable to manage his or her financial resources or to resist fraud or undue influence. Supporting facts are ☐ specified in Attachment 5c(2) ☐ as follows:

5. d. ☐ **(Proposed) conservatee** voluntarily requests the appointment of a ☐ successor conservator. *(Specify facts showing good cause in Attachment 5(d).)*
   e. ☐ *Confidential Supplemental Information* (form GC-312) is filed with this petition. *(Initial appointment of conservator only. All petitioners must file this form except banks and other entities authorized to do business as a trust company.)*
   f. (**Proposed) conservatee** ☐ is ☐ is not developmentally disabled as defined in Probate Code section 1420. Petitioner is aware of the requirements of Probate Code section 1827.5. *(Specify the nature and degree of the alleged disability in Attachment 5f).*
6. ☐ **Petitioner or proposed** ☐ **successor conservator is the spouse of the (proposed) conservatee.** *(If this statement is true, you must answer a or b.)*
   a. ☐ The (proposed) conservatee's spouse is not a party to any action or proceeding against the (proposed) conservatee for legal separation, dissolution of marriage, annulment, or adjudication of nullity of their marriage.
   b. ☐ Although the (proposed) conservatee's spouse is a party to an action or proceeding against the (proposed) conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage, or has obtained a judgment in one of these proceedings, it is in the best interest of the (proposed) conservatee that:
      (1) ☐ a ☐ successor conservator be appointed.
      (2) ☐ the spouse be appointed as the ☐ successor conservator.
      (If you checked item 6b(1) or (2) or both, specify the facts and reasons in Attachment 6b.)
7. ☐ **Petitioner or proposed** ☐ **successor conservator is the domestic partner or former domestic partner of the (proposed) conservatee.** *(If this statement is true, you must answer a or b.):*
   a. ☐ The domestic partner of the (proposed) conservatee has not terminated and does not intend to terminate the domestic partnership.
   b. ☐ Although the domestic partner or former domestic partner of the (proposed) conservatee intends to terminate or has terminated the domestic partnership, it is in the best interest of the (proposed) conservatee that:
      (1) ☐ a ☐ successor conservator be appointed.
      (2) ☐ the domestic partner or former domestic partner be appointed as the ☐ successor conservator.
      (If you checked item 7b(1) or (2) or both, specify the facts and reasons in Attachment 7b.)

CONSERVATORSHIP OF *(Name):* CONSERVATEE	CASE NUMBER:

8. **(Proposed) conservatee** *(check all that apply):*
   a. ☐ will attend the hearing AND ☐ is the petitioner ☐ is not the petitioner AND ☐ has ☐ has not nominated the proposed ☐ successor conservator.
   b. ☐ *(initial appointment of conservator only):* is able but unwilling to attend the hearing AND ☐ does ☐ does not wish to contest the establishment of a conservatorship, ☐ does ☐ does not object to the proposed conservator, AND ☐ does ☐ does not prefer that another person act as conservator.
   c. ☐ *(initial appointment of conservator only):* is unable to attend the hearing because of medical inability. A *Capacity Declaration—Conservatorship* (form GC–335), executed by a licensed medical practitioner or an accredited religious practitioner ☐ is filed with this petition. ☐ will be filed before the hearing.
   d. ☐ *(initial appointment of conservator only):* is not the petitioner, is out of state, and will not attend the hearing.
   e. ☐ *(appointment of successor conservator only):* will not attend the hearing.

9. ☐ **Medical treatment of (proposed) conservatee**
   a. There is no form of medical treatment for which the (proposed) conservatee has the capacity to give an informed consent.
   b. A *Capacity Declaration—Conservatorship* (form GC-335) executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure, stating that the (proposed) conservatee lacks the capacity to give informed consent for any form of medical treatment and giving reasons and the factual basis for this conclusion, ☐ is filed with this petition. ☐ will be filed before the hearing. ☐ will not be filed for the reason stated in c.
   c. ☐ *(appointment of successor conservator only)* The conservatee's incapacity to consent to any form of medical treatment was determined by order filed in this matter on *(date):* .
      That order has neither expired by its terms nor been revoked.
   d. (Proposed) conservatee ☐ is ☐ is not an adherent of a religion that relies on prayer alone for healing, as defined in Probate Code section 2355(b).

10. ☐ **Temporary conservatorship**
    Filed with this petition is a *Petition for Appointment of Temporary Conservator* (form GC-111).

11. **(Proposed) conservatee's relatives**

    The names, residence addresses, and relationships of the spouse or registered domestic partner and the second-degree relatives of the (proposed) conservatee (his or her parents, grandparents, children, grandchildren, and brothers and sisters), so far as known to petitioner, are
    a. ☐ listed below.
    b. ☐ not known, or none are now living, so the (proposed) conservatee's deemed relatives under Probate Code section 1821(b)(1)–(4) are listed below.

	Name and relationship to conservatee	Residence address
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

CONSERVATORSHIP OF *(Name):* CONSERVATEE	CASE NUMBER:

11. **(Proposed) conservatee's relatives** *(continued)*

	Name and relationship to conservatee	Residence address
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		

☐ Continued on Attachment 11.

12. ☐ **Confidential conservator screening form**
Submitted with this petition is a *Confidential Conservator Screening Form* (form GC-314) completed and signed by the proposed ☐ successor conservator. *(Required for all proposed conservators except banks and trust companies.)*

13. ☐ **Court investigator**
Filed with this petition is a proposed *Order Appointing Court Investigator* (form GC-330).

14. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER) ▶ (SIGNATURE OF ATTORNEY FOR PETITIONER)

(All petitioners must also sign (Prob. Code, § 1020; Cal. Rules of Court, rule 7.103).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PETITIONER) ▶ (SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER) ▶ (SIGNATURE OF PETITIONER)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form Print This Form Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: FAX NO.(Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	*FOR COURT USE ONLY* **To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
CONSERVATORSHIP OF ☐ PERSON ☐ ESTATE ☐ LIMITED CONSERVATORSHIP Name:	JUDGE/DEPT
☐ APPOINTMENT ☐ ACCOUNTING ☐ OTHER	HEARING DATE
REFERRAL INFORMATION AND LIST OF RELATIVES (CONFIDENTIAL)	CASE NUMBER

1. **(Proposed) Conservatee:**

Name: _____

Address: _____
Street City State Zip

Phone number: (____) _____ Contact Person: _____

Is there an LPS Conservatorship? ☐ Yes ☐ No *(If yes, list case number, name & address of LPS Conservator)*

_____

Is (proposed) Conservatee a Medi-Cal recipient? ☐ Yes ☐ No

NOTE: *If conservatee is always or frequently at another location between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, please identify that location and provide the address, telephone number, and name of a contact person below.*

2. **Name of Facility or Program:**

Name: _____ Type of Facility/Program: _____

Address: _____
Street City State Zip

Phone number: (____) _____ Contact Person: _____

NOTE: *Indicate any special issues relating to a conservatorship investigation (Examples: language spoken, communication issues, firearms or dogs on site, restraining orders, etc.):*

_____

_____

3. **(Proposed) Conservator:**

Name: _____Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____Work (____) _____ Cell (____) _____

CONSERVATORSHIP OF (Name):	CASE NUMBER

4. **(Proposed) Co-Conservator:**

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work: (____) _____ Cell: (____) _____

5. **Attorney for (Proposed) Conservator:**

Name/Firm: _____

Address: _____
Street City State Zip

Phone number: Work (____) _____ Fax (____) _____

6. **Attorney for (Proposed) Co-Conservator: (if applicable)**

Name/Firm: _____

Address: _____
Street City State Zip

Phone number: Work (____) _____ Fax (____) _____

7. **Attorney for (Proposed) Conservatee: (if applicable)**

Name/Firm: _____

Address: _____
Street City State Zip

Phone number: Work (____) _____ Fax (____) _____

8. **(Proposed) Conservatee's Physician/Practitioner:**

Name: _____

Institution (if applicable): _____

Address: _____
Street City State Zip

Phone number: Work (____) _____ Fax (____) _____

CONSERVATORSHIP OF (Name):	CASE NUMBER

LIST OF CONSERVATEE'S RELATIVES/FRIENDS:

Please list conservatee's spouse or registered domestic partner, 1st degree relatives (parents and children), 2nd degree relatives (brothers and sisters, grandparents and grandchildren), neighbors, and if known, conservatee's close friends.

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

CONSERVATORSHIP OF (Name):	CASE NUMBER

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone number: Home (____) _____ Work (____) _____

Date: _____

_____ _____
Type or Print Name Signature of Petitioner/Attorney

For your protection and privacy, please press the Clear This Form button after you have printed the form

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

☐ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE

OF *(Name):*

☐ MINOR ☐ (PROPOSED) CONSERVATEE

NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

CASE NUMBER:

This notice is required by law.
This notice does not require you to appear in court, but you may attend the hearing if you wish.

1. NOTICE is given that *(name):*
   (representative capacity, if any):
   has filed *(specify):*

2. You may refer to documents on file in this proceeding for more information. *(Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)*

3. ☐ The petition includes an application for the independent exercise of powers by a guardian or conservator under
   ☐ Probate Code section 2108 ☐ Probate Code section 2590.
   Powers requested are ☐ specified below ☐ specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

   a. Date: Time: ☐ Dept.: ☐ Room:

   b. Address of court ☐ same as noted above ☐ is *(specify):*

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)

Form Adopted for Mandatory Use
Judicial Council of California
GC-020 [Rev. July 1, 2005]

Probate Code, §§ 1264, 1460–1469, 1511, 1822
www.courtinfo.ca.gov

☐ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):* ☐ MINOR ☐ (PROPOSED) CONSERVATEE	CASE NUMBER:

NOTE: *

A copy of this *Notice of Hearing—Guardianship or Conservatorship* ("Notice") must be "served" on—delivered to—each person who has the right under the law to be notified of the date, time, place, and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) **may not personally perform either service by mail or personal service**, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice.

This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court.. You may use form GC-020(P) to show personal service of this Notice.

* *(This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C),* Clerk's Certificate of Posting Notice of Hearing—Guardianship or Conservatorship. *(See Prob. Code, § 2543(c).)*

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is *(specify):*

3. I served the foregoing *Notice of Hearing—Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
   a. ☐ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
   b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. a. Date mailed: b. Place mailed *(city, state):*

5. ☐ I served with the *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) (SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name of person served	Address *(number, street, city, state, and zip code)*
1.		
2.		
3.		
4.		

☐ Continued on an attachment. *(You may use form DE-120(MA)/GC-020(MA) to show additional persons served.)*

For your protection and privacy, please press the Clear This Form button after you have printed the form

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To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

☐ ESTATE ☐ GUARDIANSHIP ☐ CONSERVATORSHIP ☐ MATTER OF *(Name):*	CASE NUMBER:

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

No.	Name of person served	Address *(number, street, city, state, and zip code)*

Form Approved for Optional Use
Judicial Council of California
DE-120(MA)/GC-020(MA)
[New July 1, 2005]

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form | Print This Form | Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF

(Name):

PROPOSED CONSERVATEE

CITATION FOR CONSERVATORSHIP

☐ **Limited Conservatorship**

CASE NUMBER:

THE PEOPLE OF THE STATE OF CALIFORNIA,

To *(name):*

1. **You are hereby cited and required to appear at a hearing in this court on**

a. Date: Time: ☐ Dept.: ☐ Room:

b. Address of court: ☐ same as noted above ☐ other *(specify):*

and to give any legal reason why, according to the verified petition filed with this court, you should not be found to be ☐ unable to provide for your personal needs ☐ unable to manage your financial resources and by reason thereof, why the following person should not be appointed ☐ conservator ☐ limited conservator of your ☐ person ☐ estate *(name):*

2. A conservatorship of the person may be created for a person who is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter. A conservatorship of the property (estate) may be created for a person who is unable to resist fraud or undue influence, or who is substantially unable to manage his or her own financial resources. "Substantial inability" may not be proved solely by isolated incidents of negligence or improvidence.
3. At the hearing a conservator may be appointed for your ☐ person ☐ estate. The appointment may affect or transfer to the conservator your right to contract, to manage and control your property, to give informed consent for medical treatment, to fix your place of residence, and to marry. You also may be disqualified from voting if you are found to be incapable of completing an affidavit of voter registration. The judge or the court investigator will explain to you the nature, purpose, and effect of the proceedings and answer questions concerning the explanation.
4. You have the right to appear at the hearing and oppose the petition. You have the right to hire an attorney of your choice to represent you. The court will appoint an attorney to represent you if you are unable to retain one. You must pay the cost of that attorney if you are able. You have the right to a jury trial if you wish.
5. *(For limited conservatorship only)* In addition to the rights stated in item 4 above, you have the right to oppose the petition in part by objecting to any or all of the requested duties or powers of the limited conservator.

Date:

Clerk, by _____, Deputy

(SEAL)

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)

CONSERVATORSHIP OF *(Name):* PROPOSED CONSERVATEE	CASE NUMBER:

PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to this proceeding. **I served copies** of the *Citation for Conservatorship* and the *Petition for Appointment of Probate Conservator* (form GC-310) as follows:

2. a. Person cited *(name):*
   b. Person served: (1) ☐ person in item 2a
   (2) ☐ other *(specify name and title or relationship to the person named in item 2a):*

   c. Address *(specify):*

3. I served the person named in item 2
   a. ☐ **by personally delivering** the copies (1) on *(date):* (2) at *(time):*
   b. ☐ **by mailing** the copies to the person served, addressed as shown in item 2c, by first-class mail, postage prepaid,
   (1) on *(date):* (2) from *(city):*
   (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt—Civil* and a postage-paid return envelope addressed to me. *(Attach completed* Notice and Acknowledgment of Receipt—Civil *(form POS-015).)*
   (4) ☐ to an address outside California with return receipt requested. *(Attach completed return receipt.)*
   c. ☐ **other** *(specify other manner of service, and the authorizing code section and order of the court):*

4. a. Person serving *(name, address, and telephone number):*

   b. ☐ Fee for service: $
   c. ☐ Not a registered California process server.
   d. ☐ Exempt from registration under Business and Professions Code section 22350(b).
   e. ☐ Registered California process server.
   (1) ☐ Employee or independent contractor.
   (2) Registration no. *(specify):*
   (3) County *(specify):*
   (4) Expiration *(date):*

5. ☐ I **declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
6. ☐ I **am a California sheriff or marshal** and I certify that the foregoing is true and correct.

Date:

▶ _____
(SIGNATURE OF PERSON SERVING)

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CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-314

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CONSERVATORSHIP OF

(Name):

PROPOSED CONSERVATEE

CASE NUMBER:

CONFIDENTIAL CONSERVATOR SCREENING FORM

Conservatorship of ☐ **Person** ☐ **Estate** ☐ **Limited Conservatorship**

HEARING DATE AND TIME: DEPT.:

The proposed conservator must complete and sign this form. The person requesting appointment of a conservator must submit the completed and signed form to the court with the conservatorship petition.

This form must remain confidential.

How This Form Will Be Used

This form is **confidential** and will not be a part of the public file in this case. Each proposed conservator must complete and sign a separate copy of this form under rule 7.1050 of the California Rules of Court. The information provided in this form will be used by the court and by the persons and agencies designated by the court to assist the court in determining whether to appoint the proposed conservator as conservator. The proposed conservator **must** respond to each item.

1. a. **Proposed conservator *(name):***
   b. Date of birth:
   c. Social security number: d. Driver's license number: State:
   e. Telephone numbers: Home: Work: Other:

2. a. ☐ I am related to the proposed conservatee as *(specify relationship):*
   b. ☐ I have personally known the proposed conservatee for: years, months.

3. ☐ I was ☐ I was not nominated as conservator of the ☐ person ☐ estate of the proposed conservatee, by ☐ the proposed conservatee. ☐ the spouse or registered domestic partner of the proposed conservatee. ☐ a parent of the proposed conservatee. *(If you checked "I was," provide documentation in Attachment 3.)*

4. a. ☐ I am the spouse of the proposed conservatee. ☐ I have ☐ I have not filed for legal separation, dissolution of marriage, annulment, or adjudication of nullity of the marriage. *(If you checked "I have," explain in Attachment 4.)*
   b. ☐ I am not the spouse of the proposed conservatee.

5. a. ☐ I am the registered domestic partner of the proposed conservatee. ☐ I do not ☐ I do intend to terminate my domestic partnership with the proposed conservatee. *(If you checked "I do," explain in Attachment 5.)*
   b. ☐ I am a former domestic partner of the proposed conservatee. My domestic partnership with the proposed conservatee was terminated on *(date):* . *(Explain circumstances in Attachment 5.)*
   c. ☐ I am neither a current nor former domestic partner of the proposed conservatee.

6. a. ☐ I do ☐ I do not owe money or have a financial obligation to the proposed conservatee. *(If you checked "I do," explain in Attachment 6.)*
   b. The proposed conservatee ☐ does ☐ does not owe money or have a financial obligation to me. *(If you checked "does," explain in Attachment 6.)*
   c. ☐ I am ☐ I am not an agent for a creditor of the proposed conservatee. *If you checked "I am," explain in Attachment 6.)*

Form Adopted for Mandatory Use
Judicial Council of California
GC-314 [Rev. July 1, 2009]

Probate Code, §§ 1810, 1811, 2104, 2346;
Cal. Rules of Court, rule 7.1050
www.courtinfo.ca.gov

American LegalNet, Inc.
www.Forms*Workflow*.com

CONSERVATORSHIP OF *(Name)*: PROPOSED CONSERVATEE	CASE NUMBER:

7. ☐ I have ☐ I have not filed for bankruptcy protection within the last 10 years. *(If you checked "I have," explain in Attachment 7.)*
8. ☐ I have ☐ I have not been convicted of a felony or had a felony expunged from my record. *(If you checked "I have," explain in Attachment 8.)*
9. ☐ I have ☐ I have not been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property. *(If you checked "I have," explain in Attachment 9.)*
10. ☐ I have ☐ I have not been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misrepresentation of information. *(If you checked "I have," explain in Attachment 10.)*
11. ☐ I have ☐ I have not been charged with, arrested for, or convicted of any form of elder abuse or neglect. *(If you checked "I have," explain in Attachment 11.)*
12. ☐ I have ☐ I have not had a restraining order or protective order filed against me in the last 10 years. *(If you checked "I have," explain in Attachment 12.)*
13. ☐ I am ☐ I am not required to register as a sex offender under California Penal Code section 290. *(If you checked "I am," explain in Attachment 13.)*
14. ☐ I have ☐ I have not previously been appointed conservator, executor, or fiduciary in another proceeding. *(If you checked "I have," explain in Attachment 14.)*
15. ☐ I have ☐ I have not been removed or resigned as a conservator, guardian, executor, or fiduciary in any other case. *(If you checked "I have," explain in Attachment 15.)*
16. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of conservator. *(If you checked "I have or may have," explain in Attachment 16.)*
17. ☐ I am ☐ I am not a private professional fiduciary, as defined in Business and Professions Code section 6501(f). *(If you checked "I am," respond to item 18. If you checked "I am not," go to item 19.)*
18. ☐ I am ☐ I am not currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as conservator in this matter. *(Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 3c(7) of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*
19. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation)*:

    a California nonprofit charitable corporation that meets the requirements for appointment as conservator of the proposed conservatee under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as conservator. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed conservatee in Attachment 19.)*
20. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
    ☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 20 and provide the name, address, and telephone number of each social worker, parole officer, or probation officer.)*

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PROPOSED CONSERVATOR) (SIGNATURE OF PROPOSED CONSERVATOR)*

*Each proposed conservator must fill out and file a separate screening form.

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CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-312

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:

TELEPHONE NO.: FAX NO. *(Optional)*:

E–MAIL ADDRESS *(Optional)*:

ATTORNEY FOR *(Name)*:

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CONSERVATORSHIP OF *(Name)*:

PROPOSED CONSERVATEE

CONFIDENTIAL SUPPLEMENTAL INFORMATION
(Probate Conservatorship)

Conservatorship of ☐ **Person** ☐ **Estate** ☐ **Limited Conservatorship**

CASE NUMBER:

HEARING DATE:

DEPT.: TIME:

1. a. **Proposed conservatee *(name)*:**
   b. Date of birth:
   c. Social security No.:

2. ☐ UNABLE TO PROVIDE FOR PERSONAL NEEDS* The following facts support petitioner's allegation that the proposed conservatee is unable to provide properly for his or her needs for physical health, food, clothing, and shelter *(specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns)*: ☐ Specified in Attachment 2.

* If this item is not applicable, complete item 8.

(Continued on reverse)

CONSERVATORSHIP OF *(Name)*: PROPOSED CONSERVATEE	CASE NUMBER:

3. ☐ UNABLE TO MANAGE FINANCIAL RESOURCES* The following facts support petitioner's allegation that the proposed conservatee is substantially unable to manage his or her financial resources or to resist fraud or undue influence *(specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns)*: ☐ Specified in Attachment 3.

4. RESIDENCE *("Residence" means the place usually described as "home"; for example, owned real property or long-term rental.)*
   a. The proposed conservatee is **located** at *(street address, city, state)*:

   b. The proposed conservatee's **residence** is* ☐ the address in item 4a ☐ other *(street address, city, state)*:

   c. **Ability to live in residence*** The proposed conservatee is
      (1) ☐ **living** in his or her residence and
         (a) ☐ will continue to live there unless circumstances change.
         (b) ☐ will need to be moved after a conservator is appointed *(specify supporting facts below in item 4c(3)).*
         (c) ☐ other *(specify and give supporting facts below in item 4c(3)).*

* If this item is not applicable, complete item 8.

(Continued on page three)

4. c. *(continued)*
   (2) ☐ **not living** in his or her residence and
   (a) ☐ will return by *(date)*: *(specify supporting facts below in item 4c(3)).*
   (b) ☐ will not return to live there *(specify supporting facts below in item 4c(3)).*
   (c) ☐ other *(specify and give supporting facts below in item 4c(3)).*
   (3) ☐ Supporting facts *(specify if required)*: ☐ Specified in Attachment 4c.

5. ALTERNATIVES TO CONSERVATORSHIP* Petitioner has considered the following alternatives to conservatorship and found them to be unsuitable or unavailable to the proposed conservatee *(specify the alternatives considered and the reason or reasons each is unsuitable or unavailable)*: ☐ Reasons specified in Attachment 5.
   a. Voluntary acceptance of informal or formal assistance *(give reason this is unsuitable or unavailable)*:
   b. Special or limited power of attorney *(give reason this is unsuitable or unavailable)*:
   c. General power of attorney *(give reason this is unsuitable or unavailable)*:
   d. Durable power of attorney for ☐ health care ☐ estate management *(give reason this is unsuitable or unavailable)*:
   e. Trust *(give reason this is unsuitable or unavailable)*:
   f. Other alternatives considered *(specify and give reason each is unsuitable or unavailable)*:

6. SERVICES PROVIDED* *(complete a or b, or both a and b)*
   a. ☐ During the year before this petition was filed,
   (1) **health services** ☐ were provided ☐ were not provided to the proposed conservatee *(explain)*:
   ☐ Explained in Attachment 6a(1).
   (2) **social services** ☐ were provided ☐ were not provided to the proposed conservatee *(explain)*:
   ☐ Explained in Attachment 6a(2).

* If this item is not applicable, complete item 8.

(Continued on page four)

CONSERVATORSHIP OF *(Name)*: PROPOSED CONSERVATEE	CASE NUMBER:

6. a. *(continued)*

(3) **estate management assistance** ☐ was provided ☐ was not provided to the proposed conservatee *(explain)*:

☐ Explained in Attachment 6a(3).

b. ☐ Petitioner has **no knowledge** of what ☐ social services ☐ health services ☐ estate management assistance was provided to the proposed conservatee during the year before this petition was filed. Petitioner has no reasonable means of determining what services were provided.

7. SUPPORTING FACTS (AFFIDAVITS) The information provided above is stated

a. Item 1: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 1a.
b. Item 2: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 2a.
c. Item 3: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 3a.
d. Item 4: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 4a.
e. Item 5: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 5a.
f. Item 6: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 6a.

8. ITEMS NOT APPLICABLE The following items on this form were not applicable to the proposed conservatee:

☐ 2 ☐ 3 ☐ 4b ☐ 4c ☐ 5 ☐ 6 *(specify reasons each item is not applicable)*:

☐ Reasons specified in Attachment 8.

9. Number of pages attached: _____

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*
E-MAIL ADDRESS *(Optional):*
ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name)*:

☐ CONSERVATEE ☐ PROPOSED CONSERVATEE

CASE NUMBER

CAPACITY DECLARATION—CONSERVATORSHIP

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

The purpose of this form is to enable the court to determine whether the (proposed) conservatee *(check all that apply):*

A. ☐ is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for *(date):* _____. *(Complete item 5, sign, and file page 1 of this form.)*

B. ☐ has the capacity to give informed consent to medical treatment. *(Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.)*

C. ☐ has dementia and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. *(Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.)*

(*If more than one item is checked above, sign the last applicable page of this form or form GC-335A if item C is checked. File page 1 through the last applicable page of this form; also file form GC-335A if item C is checked.)*

COMPLETE ITEMS 1–4 OF THIS FORM IN ALL CASES.

GENERAL INFORMATION

1. *(Name):*
2. *(Office address and telephone number):*
3. I am
   a. ☐ a California licensed ☐ physician ☐ psychologist acting within the scope of my licensure ☐ with at least two years' experience in diagnosing dementia.
   b. ☐ an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. *(Religious practitioner may make the determination under item 5 ONLY.)*
4. (Proposed) conservatee *(name):*
   a. I last saw the (proposed) conservatee on *(date):*
   b. The (proposed) conservatee ☐ is ☐ is NOT a patient under my continuing treatment.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. *(Complete a or b.)*
   a. ☐ The proposed conservatee is able to attend the court hearing.
   b. ☐ Because of medical inability, the proposed conservatee is NOT able to attend the court hearing *(check all items below that apply)*
      (1) ☐ on the date set *(see date in box in item A above)*.
      (2) ☐ for the foreseeable future.
      (3) ☐ until *(date):*
      (4) **Supporting facts** *(State facts in the space below or check this box* ☐ *and state the facts in Attachment 5):*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name)*: ☐ CONSERVATEE ☐ PROPOSED CONSERVATEE	CASE NUMBER:

6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

Note to practitioner: This form is ***not*** a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): *Check the appropriate designation as follows:* ***a*** *= no apparent impairment;* ***b*** *= moderate impairment;* ***c*** *= major impairment;* ***d*** *= so impaired as to be incapable of being assessed;* ***e*** *= I have no opinion.)*

A. **Alertness and attention**

(1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)

a ☐ b ☐ c ☐ d ☐ e ☐

(2) Orientation (types of orientation impaired)

a ☐ b ☐ c ☐ d ☐ e ☐ Person

a ☐ b ☐ c ☐ d ☐ e ☐ Time (day, date, month, season, year)

a ☐ b ☐ c ☐ d ☐ e ☐ Place (address, town, state)

a ☐ b ☐ c ☐ d ☐ e ☐ Situation ("Why am I here?")

(3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)

a ☐ b ☐ c ☐ d ☐ e ☐

B. **Information processing.** Ability to:

(1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)

i. Short-term memory a ☐ b ☐ c ☐ d ☐ e ☐

ii Long-term memory a ☐ b ☐ c ☐ d ☐ e ☐

iii Immediate recall a ☐ b ☐ c ☐ d ☐ e ☐

(2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)

a ☐ b ☐ c ☐ d ☐ e ☐

(3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)

a ☐ b ☐ c ☐ d ☐ e ☐

(4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)

a ☐ b ☐ c ☐ d ☐ e ☐

(5) Reason using abstract concepts. (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)

a ☐ b ☐ c ☐ d ☐ e ☐

(6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)

a ☐ b ☐ c ☐ d ☐ e ☐

(7) Reason logically.

a ☐ b ☐ c ☐ d ☐ e ☐

C. **Thought disorders**

(1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)

a ☐ b ☐ c ☐ d ☐ e ☐

(2) Hallucinations (auditory, visual, olfactory)

a ☐ b ☐ c ☐ d ☐ e ☐

(3) Delusions (demonstrably false belief maintained without or against reason or evidence)

a ☐ b ☐ c ☐ d ☐ e ☐

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).

a ☐ b ☐ c ☐ d ☐ e ☐

(Continued on next page)

6. *(continued)*

D. **Ability to modulate mood and affect.** The (proposed) conservatee ☐ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. *(If so, complete remainder of item 6D.)* ☐ I have no opinion.

(Instructions for item 6D: *Check the degree of impairment of each inappropriate mood state (if any) as follows:* ***a*** *= mildly inappropriate;* ***b*** *= moderately inappropriate;* ***c*** *= severely inappropriate.)*

Anger	a ☐	b ☐	c ☐	Euphoria	a ☐	b ☐	c ☐	Helplessness	a ☐	b ☐	c ☐
Anxiety	a ☐	b ☐	c ☐	Depression	a ☐	b ☐	c ☐	Apathy	a ☐	b ☐	c ☐
Fear	a ☐	b ☐	c ☐	Hopelessness	a ☐	b ☐	c ☐	Indifference	a ☐	b ☐	c ☐
Panic	a ☐	b ☐	c ☐	Despair	a ☐	b ☐	c ☐				

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A–6D

(1) ☐ do NOT vary substantially in frequency, severity, or duration.

(2) ☐ do vary substantially in frequency, severity, or duration *(explain; continue on Attachment 6E if necessary):*

F. ☐ *(Optional)* Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is ☐ stated below ☐ stated in Attachment 6F.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee

a. ☐ has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.

b. ☐ lacks the capacity to give informed consent to any form of medical treatment because he or she is ***either*** (1) unable to respond knowingly and intelligently regarding medical treatment ***or*** (2) unable to participate in a treatment decision by means of a rational thought process, ***or both***. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____.)

8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE OF DECLARANT)

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name)*: CONSERVATEE	
DUTIES OF CONSERVATOR **and Acknowledgment of Receipt of *Handbook for Conservators***	CASE NUMBER:

DUTIES OF CONSERVATOR

When you are appointed by the court as a conservator, you become responsible to the court and assume certain duties and obligations. All of your actions as conservator are subject to review by the court. You should clearly understand the information on this form. You will find additional information in the Judicial Council's *Handbook for Conservators*, receipt of which, in addition to a copy of this form, you are required by law to acknowledge.

I. THE CONSERVATEE'S RIGHTS

Conservatees do not lose all rights or all voice in important decisions affecting their lives. All conservatees have the right to be treated with understanding and respect, the right to have their wishes considered, and the right to be well cared for by their conservators. Conservatees generally keep the right to (1) control their own wages or salary from employment, (2) make or change a will, (3) marry, (4) receive personal mail, (5) be represented by a lawyer, (6) ask a judge to change conservators, (7) ask a judge to end the conservatorship, (8) vote, unless a judge decides they are not capable of exercising this right, (9) control personal spending money if a judge has authorized an allowance, and (10) make their own medical decisions, unless a judge has taken away that right and given it exclusively to their conservators.

II. CONSULT WITH YOUR ATTORNEY

Your attorney will advise you on your duties, the limits of your authority, the conservatee's rights, your dealings with the court, all other topics discussed in this form, and many other matters. He or she will tell you when you must ask for prior court approval to take an action, when you may do so (and why it might be a good idea), and when prior court approval is not required. All legal questions should be discussed with your attorney, not the court staff, which is not permitted to give legal advice.

Your attorney will also help prepare your inventories, accountings, petitions, and all other documents to be filed with the court; and will see that the persons entitled to be notified of your actions are given proper notice. He or she will also advise you about legal limits on estate investments, leases and sales of estate assets, loans, lawsuits against others involving the conservatee or his or her property, and many other matters, and can prepare or review documents needed in these matters. You should communicate frequently and cooperate fully with your attorney at all times. **When in doubt, contact your attorney.**

Other questions may be answered by calling on local community resources. (To find these resources, see the *Handbook for Conservators* and the local supplement distributed by the court.)

III. CONSERVATOR OF THE PERSON

If the court appoints you as conservator of the person, you are responsible for the conservatee's care and protection. You must decide, within certain limits, where the conservatee will live; and you must arrange for the conservatee's health care, meals, clothing, personal care, housekeeping, transportation, and recreation.

A. DETERMINE THE APPROPRIATE LEVEL OF CARE FOR THE CONSERVATEE

You must determine the conservatee's appropriate level of care. Your determination must be in writing, signed under penalty of perjury, must be filed with the court within 60 days of the date of the court's order appointing you as conservator, and must include:

CONSERVATORSHIP OF *(Name)*: CONSERVATEE	CASE NUMBER:

III. A. 1. An evaluation of the level of care existing when the petition for your appointment as a conservator was filed and the measures that would be necessary to keep the conservatee in his or her **personal residence.**

*(Note: The conservatee's **personal residence** is the residence the conservatee understood or believed to be his or her permanent residence on (1) the date the petition for appointment of a conservator was filed in this matter, or (2) on the last earlier date the conservatee could form or communicate an understanding or belief about a permanent residence, whether or not he or she was living there when the appointment petition was filed. See Cal. Rules of Court, rule 7.1063(b).)*

2. A plan to return the conservatee to his or her **personal residence** or an explanation of the limitations or restrictions on a return of the conservatee to that residence in the foreseeable future if the conservatee was not living there when the petition for appointment of a conservator was filed.

3. A reevaluation after a material (important) change in circumstances affecting the conservatee's needs for placement and care after your initial determination.

4. If the conservatee is a limited conservatee who is developmentally disabled, special rules may apply to the determination of his or her level of care and residential placement. See item **VI** below.

B. DECIDE WHERE THE CONSERVATEE WILL LIVE

1. You must decide where the conservatee will live. You may choose a residence in California without prior approval of the court, but you must choose the least restrictive appropriate residence that is available and necessary to meet the conservatee's needs and that is in his or her best interests.

2. You must file a written notice of any change of the conservatee's residence with the court within 30 days of the move, and you must mail copies of the notice to the conservatee's attorney, the conservatee's spouse or registered domestic partner, and the conservatee's relatives who were mailed copies of the petition for your appointment as conservator, unless the court excuses you from the mailing to prevent harm to the conservatee. (There is a court form you must use for this notice and another form you may use to prove that you have mailed it. The forms are the *Post-Move Notice of Change of Residence of Conservatee or Ward* (form GC-080) and the *Attachment to Post-Move Notice, etc.* (form GC-080(MA). These forms refer to a "post-move notice" because the notice may be filed and mailed after the date of the move.)

3. The law presumes that the conservatee's **personal residence** (see item **IIIA**) is the conservatee's least restrictive appropriate residence. There must be a reason supported by sufficient evidence to justify a change of residence from the conservatee's personal residence (including a move from a care facility or other temporary placement to a residence that is not the conservatee's personal residence).

4. If you want to move the conservatee from his or her **personal residence,** in addition to the post-move notice described in item 2, you must mail a notice of your intent to change the conservatee's residence to the conservatee, the conservatee's attorney, if any, and to each other person or entity entitled to notice of the hearing on the petition for your appointment as conservator; and then you must file with the court proof that the notice was mailed. Unless there is an emergency requiring a shorter period of notice, this notice must be mailed at least 15 days before the date of the proposed move. (There is a court form you must use for this notice and another form you may use to prove that you have mailed it. The forms are the *Pre-Move Notice of Proposed Change of Personal Residence of Conservatee or Ward* (form GC-079) and the *Attachment to Pre-Move Notice, etc.* (form GC-079(MA). These forms refer to a "pre-move notice" because the notice must be mailed before the move.)

5. If you want to establish the conservatee's residence outside California, you must petition the court for permission before the move. Notice of the court hearing on this petition, together with a copy of the petition, must be mailed to the conservatee and the other persons and entities that were entitled to notice of the hearing on the petition for your appointment as conservator. There is a court form for this petition, the *Petition to Fix Residence Outside the State of California* (form GC-085). Notice of the hearing and proof of its mailing is given on another court form, the *Notice of Hearing—Guardianship or Conservatorship* (form GC-020).

6. You may not place the conservatee involuntarily in a mental health treatment facility unless he or she has been determined to be gravely disabled as the result of a mental disorder or impairment by chronic alcoholism, you have been appointed as conservator under the Lanterman-Petris-Short Act (Welf. & Inst. Code, § 5350 et seq.), and then only if the court has authorized the placement. If the court has authorized you to place the conservatee in a secured-perimeter residential care facility or a locked and secured nursing facility because he or she suffers from dementia, you must be sure that the placement is the least restrictive placement appropriate to the conservatee's needs.

CONSERVATORSHIP OF *(Name)*: CONSERVATEE	CASE NUMBER:

III. C. PROVIDE MEDICAL CARE FOR THE CONSERVATEE

You are responsible for making sure that the conservatee's health care needs are met. But there are special rules you must follow to meet these needs. Two of the most important rules are as follows:

1. Unless the court has given you exclusive authority to consent to the conservatee's medical treatment because the court has determined that the conservatee has lost the capacity to make sound medical decisions, your consent or refusal to consent to such treatment is not sufficient if the conservatee disagrees (except in certain emergency situations). If you do have exclusive medical consent authority, you should be sure that all medical treatment and medications are appropriate.
2. If the conservatee has dementia and has lost the capacity to give an informed consent to the administration of medications for its treatment and care, you must be given specific authority by the court to consent to the administration of these medications. If you do have this authority, you should be sure that the medications are appropriate.

D. WORK WITH THE PERSON(S) RESPONSIBLE FOR MANAGING THE CONSERVATEE'S PROPERTY

If other persons are handling the conservatee's property, such as his or her estate conservator, the conservatee's spouse or registered domestic partner in possession of the couple's marital or partnership property, or the trustee of a trust created for the management of the conservatee's property and for his or her support, you must work together to be sure that the conservatee can afford the care you arrange. Purchases you make for the conservatee must be approved by the person(s) responsible for managing the conservatee's assets or you may not be reimbursed or your reimbursement may be delayed.

IV. CONSERVATOR OF THE ESTATE

The conservatee's property or assets and income are known as the conservatee's "estate." If the court appoints you as conservator of the estate, you will manage the conservatee's finances, protect the conservatee's income and property or assets, make an inventory of the conservatee's property or assets, make sure the conservatee's bills are paid, invest the conservatee's money, see that the conservatee receives all the income and benefits to which he or she is entitled, ensure that the conservatee's tax returns are filed on time and all taxes paid, keep accurate financial records, and regularly report the conservatee's financial condition to the court. *(Note: Property or assets and income in a trust for the conservatee's support and maintenance are usually not considered as part of the conservatee's estate, particularly if the trust was created and funded before the appointment of a conservator. Unless the conservatee's spouse or registered domestic partner consents to its inclusion in the conservatee's estate, the community property of the conservatee and his or her spouse or registered domestic partner under the management and control of the spouse or partner is also not part of the conservatee's estate.)*

A. MANAGING THE ESTATE

1. **Prudent management for the benefit of the conservatee; prudent investments**

   You must manage the estate's property or assets and income for the benefit of the conservatee and with the care of a prudent person dealing with someone else's property. You must not make unreasonably risky investments of money or property of the estate.

2. **Prior court approval required for fees, borrowing, loans, and gifts**

   You must ask and receive the court's permission, after full disclosure of all relevant facts, before you may pay from the conservatee's estate fees to yourself for your services as conservator and to your attorney for his or her services to you; borrow money for or loan money from the conservatee's estate (to yourself or anyone else); or make gifts of estate assets or property.

3. **Keep estate money and property separate from your or anyone else's money or property**

   You must keep the money and property of the conservatee's estate separate from your money or property or from the money or property of any other person. Never deposit estate funds in your personal bank account or otherwise mix them with your or anyone else's funds, even for brief periods. Title to individual stocks, bonds, or other securities; securities broker accounts; mutual funds; and accounts with banks and other financial institutions must show that these assets are property of the conservatorship estate and not your or anyone else's property.

4. **Interest-bearing accounts and other investments**

   Except for a checking account intended for payment of ordinary expenses, estate bank accounts must earn interest. You may deposit estate funds in one or more insured accounts in financial institutions, but you should not put more than the FDIC insurance limit, currently $250,000, in any single institution. You have authority to make some investments without court approval. Other investments may be made only after court approval has been obtained. Consult with an attorney before making any investments, even those you have authority to make without court approval.

CONSERVATORSHIP OF *(Name)*: CONSERVATEE	CASE NUMBER:

IV. A. 5. Claims against others on behalf of the conservatee

Pursue claims against others on behalf of the conservatee's estate when it is in the best interests of the conservatee or his or her estate to do so. The court may require you to be represented by a lawyer to proceed with litigation on behalf of the conservatee's estate. Consider requesting prior court authority to pursue or compromise large or complex claims, particularly those that might require litigation and the assistance of legal counsel and those that might result in an award of attorney fees for the other party against the conservatee's estate if you are unsuccessful. You may sign a contingent fee agreement with legal counsel on behalf of the conservatee's estate if such agreements are customary for the type of case involved, but the court must approve the agreement before it is enforceable. You may ask for court approval of a contingent fee agreement before signing it and before legal counsel performs any services under it.

6. Defend against claims against the conservatee's estate

Defend against actions or claims against the conservatee or his or her estate when it is in the best interest of the conservatee or the estate to do so. The court may require you to be represented by a lawyer for your defense of a lawsuit against the conservatee's estate. You may request court approval or instructions concerning the defense or compromise of such a lawsuit.

7. Public and insurance benefits

You must learn about and collect all public and insurance benefits for which the conservatee is eligible.

8. Evaluate the conservatee's ability to manage cash and other assets

You should evaluate the conservatee's ability to manage cash or other assets and take appropriate action, including asking for prior court approval when necessary or appropriate, to enable the conservatee to do so to the level of his or her ability.

9. Locate the conservatee's estate planning documents

You should undertake, as soon as possible after your appointment and qualification as conservator, to locate and take reasonable steps to ensure the safety of the conservatee's estate planning documents, including wills and codicils, living trusts, powers of attorney for health care and finances, life insurance policies, and pension records.

10. Preserve property mentioned in the conservatee's estate planning documents

Make reasonable efforts to identify, locate, and preserve property mentioned in the conservatee's estate planning documents.

11. Guard against inappropriate disclosure of the conservatee's financial information

Subject to your duty of full disclosure to the court and persons entitled under the law to receive it, you must closely guard against unnecessary or inappropriate disclosure of the conservatee's financial information.

12. Conservatee's tangible personal property

If you plan to dispose of any of the conservatee's tangible personal property, inform the conservatee's family members in advance and give them an opportunity to acquire the property, with approval or confirmation of the court.

13. Factors to consider when deciding whether to dispose of any of the conservatee's property

In deciding whether it is in the best interest of the conservatee to dispose of property of his or her estate, consider the following factors, among others, as appropriate in the circumstances:

(A) The likely benefit or improvement of the conservatee's life that disposing of the property would bring;

(B) The likelihood that the conservatee would need or benefit from the property in the future;

(C) The previously expressed or current desires of the conservatee concerning the property, unless accommodating those desires would violate your fiduciary duty to the conservatee or impose an unreasonable expense on the estate;

(D) The provisions of the conservatee's estate plan concerning the property;

(E) The tax consequences of disposing of the property;

(F) The impact of disposition on the conservatee's eligibility for public benefits;

(G) The condition of the entire estate;

(H) The likelihood that the property will deteriorate or be subject to waste if kept in the estate; and

(I) The benefit versus the cost or liability of maintaining the property in the estate.

CONSERVATORSHIP OF *(Name)*: CONSERVATEE	CASE NUMBER:

IV. A. 14. Property, casualty, and liability insurance

Determine the appropriate kinds and adequate levels of property, casualty, and liability insurance covering the property, assets, risks, and potential liabilities of the conservatee and his or her estate. Maintain the insurance in force during the entire period of the administration (except for assets after they are sold).

15. Communicate with conservator of the person and trustee

You should communicate as necessary and appropriate with the conservator of the conservatee's person, if any, and with the trustee of any trust of which the conservatee is a beneficiary.

16. Other limitations or restrictions

There are many limitations or restrictions on your authority to deal with estate assets not mentioned here. If you do not obtain the court's permission when it is required before taking an action, you may be removed as conservator or you may be required to reimburse the estate from your own personal funds, or both.

B. INVENTORY OF ESTATE PROPERTY

1. Locate and take possession of the estate's property and prepare an inventory

You must identify, locate, take possession of, and protect all the conservatee's property, assets, and income that will be or become part of the conservatorship estate. You must change the record title or ownership of most property and assets of the estate to reflect the conservatorship. You must record a copy of your *Letters of Conservatorship* (form GC-350) with the county recorder in each county where the conservatee owns real property. You must then prepare an inventory, or a list, of all of the real and personal property of the estate. There are court forms that must be used for the inventory. These consist of a two-page cover sheet, *Inventory and Appraisal* (form DE-160/GC-040) and one or more pages to be attached to the cover sheet containing the list of property, *Inventory and Appraisal Attachment* (form DE-161/GC-041). The property is separated into two categories, cash and cash-equivalent items, listed on Attachment 1; and all other types of real and personal property, listed on Attachment 2.

2. Determine the value of the estate's property

You must arrange to have a **probate referee** appointed by the court appraise, or determine the fair market value of, the noncash property of the estate shown in Attachment 2 of your inventory unless the referee's appointment is waived by the court. You, rather than the referee, may appraise the value of the cash and cash-equivalent items of property listed in Attachment 1, such as bank accounts.

3. File and mail copies of the inventory and appraisal and notice of how to object

Within 90 days after your appointment as conservator, unless the court gives you more time, you must file with the court your inventory containing the appraisals of estate property, signed by you and, if the probate referee has appraised assets, by the referee. You must also mail copies of the completed inventory and appraisal to the conservatee, the conservatee's attorney, if any, and the conservatee's spouse or registered domestic partner, parents, and children, and must give them written notice of how to file an objection to the inventory and appraisal. There is a court form that must be used for this notice, the *Notice of Filing of Inventory and Appraisal and How to Object to the Inventory or the Appraised Value of Property* (form GC-042).

C. RECORD KEEPING AND ACCOUNTING

1. Keep records and prepare accountings

You must keep complete and accurate records of each financial transaction affecting the estate, including all receipts of income, changes in assets or property held in the estate, and expenditures. The checkbook for the conservatorship checking account is your indispensable tool for keeping records of income and expenditures. You should also save original bills or invoices paid, records of property sale transactions, receipts for money spent, and bank or other institutions' statements showing income received and money spent. You must prepare periodic accountings of all money and property you have received, what you have spent, the date of each transaction, and its purpose. Your accountings must describe in detail what you have left after you pay the estate's expenses. There are court forms you may, or in some situations must, use for your accountings. You will have to file original statements from banks and other institutions with your accountings.

CONSERVATORSHIP OF *(Name)*: CONSERVATEE	CASE NUMBER:

IV. C. 2. Court review of your accountings and records

You must file with the court a report with each of your accountings that shows the current circumstances of the conservatee and the estate, along with a petition requesting that the court review and approve the accounting. Your first accounting is due one year after your appointment, and later accountings must be filed at least every two years after that. The court may order you to file more frequent accountings. You must save your receipts and other original records because the court may ask to review them. If you do not file your accountings as required, the court will order you to do so. You may be removed as conservator if you fail to properly prepare and file your accountings or comply with the court's orders.

V. DUTY TO DISCLOSE CHANGES IN MARITAL OR DOMESTIC PARTNERSHIP STATUS

If you are the spouse of the conservatee, you must disclose to the court, and give notice to interested persons under the Probate Code, of the filing of any action or proceeding against the conservatee for (1) legal separation, (2) dissolution of marriage, or (3) adjudication of nullity of the marriage. If you are or were the registered domestic partner of the conservatee, you must disclose to the court any termination of the domestic partnership. The disclosure must be made within 10 days of the initial filing of the action or proceeding or termination of the partnership by filing a notice with the court. If you are not the spouse or registered domestic partner or former partner of the conservatee and one of these events occurs, the conservatee's spouse or former registered domestic partner must disclose the event to you within the same 10-day period.

VI. LIMITED CONSERVATOR (for the developmentally disabled only)

A. AUTHORITY SPECIFIED IN YOUR *LETTERS OF CONSERVATORSHIP* AND APPOINTMENT ORDER

If the court appoints you as limited conservator, you will have authority to take care of **only** those aspects of the conservatee's life and financial affairs specified in your *Letters of Conservatorship* and the court's order appointing you. The conservatee retains all other legal and civil rights. Although most of the information provided in this form also applies to limited conservatorships (especially the duties of the conservator of the person), you should clarify with your attorney exactly which information applies in your case.

B. DUTY TO HELP LIMITED CONSERVATEE DEVELOP SELF-RELIANCE

You must secure treatment, services, and opportunities that will assist the limited conservatee to develop maximum self-reliance and independence. This assistance may include training, education, medical and psychological services, social opportunities, vocational opportunities, and other appropriate help.

C. DETERMINATION OF LEVEL OF CARE FOR CERTAIN LIMITED CONSERVATEES

The level of care determination described in item **IIIA** does not apply to a limited conservatee who receives services from a regional center for the developmentally disabled and for whom the Director of Developmental Services or the regional center is acting as conservator. Determination of the services provided for and residential placement of these limited conservatees are to be identified, delivered, and evaluated consistent with the individual program plan process described in Welfare and Institutions Code sections 4640–4659. *(See Prob. Code, § 2352.5(e).)*

VII. TEMPORARY CONSERVATOR

If the court appoints you as temporary conservator, you will generally have the same duties and authority as general conservators, **except** the conservatorship will end on the date specified in your *Letters of Temporary Conservatorship.* Most of the information in this form also applies to temporary conservatorships, but you must consult your attorney about which duties you will **not** perform because of the short duration of the temporary conservatorship appointment. A temporary conservator should avoid making long-term decisions or changes that could safely wait until a general conservator is appointed. As temporary conservator, you may not move a conservatee from his or her home, unless there is an emergency, or sell or give away the conservatee's home or any other assets without prior court approval.

Sign the *Acknowledgment of Receipt* on page 7.

CONSERVATORSHIP OF *(Name)*: CONSERVATEE	CASE NUMBER:

VIII. JUDICIAL COUNCIL FORMS

This form identifies a number of Judicial Council forms used for court filings in conservatorship proceedings. This form, the petition for your appointment as conservator, and the order that appoints you as conservator are examples of Judicial Council forms. Judicial Council forms are either mandatory or optional. If a mandatory form applies to a situation or proposed action, it must be used. Optional forms may be used, at the option of the person preparing and filing the form or, in some situations, at the option of the court. Each form is identified on the bottom left side of its first page as optional or mandatory. Judicial Council forms are not available for every situation where a document may or must be filed with the court, but the forms address the most common and important matters that occur during a conservatorship. The *Handbook for Conservators* has additional information about Judicial Council conservatorship forms.

Your attorney will select and prepare the appropriate Judicial Council forms. However, if you do not have an attorney, you can prepare them yourself. All Judicial Council forms are posted on the California courts' public website, *www.courts.ca.gov.* Select "Forms" at the top of the site's home page, then select the form group in the drop-down menu in the middle of the page. All conservatorship forms are collected in the Probate—Guardianships and Conservatorships form group. They are designated with the prefix "GC," followed by a three-digit number. Forms shown in the drop-down list with an asterisk are mandatory forms.

The forms are posted on the website in both unfillable and fillable versions, as PDF files. The unfillable versions are designed to be completed by typewriter or, in some cases, by hand. Fillable forms may be filled out online, then printed out ready for signing and filing with the court, and they may also be saved to your computer and completed in more than one sitting. Go to the "Forms and Information" page at the Web site's Self-Help Center for more information on accessing the forms.

ACKNOWLEDGMENT OF RECEIPT
of *Duties of Conservator* and *Handbook for Conservators*
(Probate Code, § 1834)

I acknowledge that I have received this statement of the duties and liabilities of the office of conservator, the *Duties of Conservator* (form GC-348), and the *Handbook for Conservators* adopted by the Judicial Council.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF (PROPOSED) CONSERVATOR)

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF (PROPOSED) CONSERVATOR)

NOTICE

This statement of duties and liabilities is a summary and is not a complete statement of the law. Your conduct as a conservator is governed by the law itself and not by this summary or by the Judicial Council's *Handbook for Conservators.* When in doubt, consult your attorney.

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form | Print This Form | Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

FOR COURT USE ONLY

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CONSERVATORSHIP OF

(Name):

CONSERVATEE

CASE NUMBER:

ORDER APPOINTING ☐ SUCCESSOR PROBATE CONSERVATOR OF THE

☐ PERSON ☐ ESTATE ☐ Limited Conservatorship

WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.

1. The petition for appointment of ☐ successor conservator came on for hearing as follows *(check boxes c, d, e, and f or g to indicate personal presence):*
   a. Judicial officer *(name):*
   b. Hearing date: Time: ☐ Dept.: ☐ Room:
   c. ☐ Petitioner *(name):*
   d. ☐ Attorney for petitioner *(name):*
   e. ☐ Attorney for ☐ person cited ☐ the conservatee on petition to appoint successor conservator:
      (Name): *(Telephone):*
      (Address):
   f. ☐ Person cited was ☐ present. ☐ unable to attend. ☐ able but unwilling to attend. ☐ out of state.
   g. ☐ The conservatee on petition to appoint successor conservator was ☐ present. ☐ not present.

THE COURT FINDS

2. All notices required by law have been given.
3. Granting the conservatorship is the least restrictive alternative needed for the protection of the conservatee.
4. *(Name):*
   a. ☐ is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter.
   b. ☐ is substantially unable to manage his or her financial resources or to resist fraud or undue influence.
   c. ☐ has voluntarily requested appointment of a conservator and good cause has been shown for the appointment.
5. The conservatee
   a. ☐ is an adult.
   b. ☐ will be an adult on the effective date of this order.
   c. ☐ is a married minor.
   d. ☐ is a minor whose marriage has been dissolved.
6. ☐ There is no form of medical treatment for which the conservatee has the capacity to give an informed consent.
   ☐ The conservatee is an adherent of a religion defined in Probate Code section 2355(b).
7. ☐ Granting the ☐ successor conservator powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and in the best interest of the conservatorship estate.
8. ☐ The conservatee is not capable of completing an affidavit of voter registration.

Do NOT use this form for a temporary conservatorship.

Form Adopted for Mandatory Use
Judicial Council of California
GC-340 [Rev. July 1, 2010]

ORDER APPOINTING PROBATE CONSERVATOR
(Probate—Guardianships and Conservatorships)

Probate Code, §§ 1830, 2688
www.courtinfo.ca.gov

CONSERVATORSHIP OF *(Name)*: CONSERVATEE	CASE NUMBER:

9. ☐ The conservatee has dementia as defined in Probate Code section 2356.5, and the court finds all other facts required to make the orders specified in item 28.
10. ☐ Attorney *(name):* has been appointed by the court as legal counsel to represent the conservatee in these proceedings. The cost for representation is: $
The conservatee has the ability to pay ☐ all ☐ none ☐ a portion of this sum *(specify):* $
11. ☐ The conservatee need not attend the hearing.
12. ☐ The appointed court investigator is *(name):*
(Address and telephone):
13. ☐ *(For limited conservatorship only)* The limited conservatee is developmentally disabled as defined in Probate Code section 1420.
14. ☐ The ☐ successor conservator is a professional fiduciary as defined by Business and Professions Code section 6501(f).
15. ☐ The ☐ successor conservator holds a valid, unexpired, unsuspended license as a professional fiduciary issued by the Professional Fiduciaries Bureau of the California Department of Consumer Affairs under chapter 6 (commencing with section 6500) of division 3 of the Business and Professions Code.
License no.: Issuance or last renewal date: Expiration date:
16. *(Either a, b, or c must be checked):*
a. ☐ The ☐ successor conservator is not the spouse of the conservatee.
b. ☐ The ☐ successor conservator is the spouse of the conservatee and is not a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage.
c. ☐ The ☐ successor conservator is the spouse of the conservatee and is a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage. It is in the best interest of the conservatee to appoint the spouse as ☐ successor conservator.
17. *(Either a, b, or c must be checked):*
a. ☐ The ☐ successor conservator is not the domestic partner or former domestic partner of the conservatee.
b. ☐ The ☐ successor conservator is the domestic partner of the conservatee and has neither terminated nor intends to terminate their domestic partnership.
c. ☐ The ☐ successor conservator is the domestic partner or former domestic partner of the conservatee and intends to terminate or has terminated their domestic partnership. It is in the best interest of the conservatee to appoint the domestic partner or former domestic partner as ☐ successor conservator.

THE COURT ORDERS

18. a. *(Name):* *(Telephone):*
(Address):

is appointed ☐ successor ☐ conservator ☐ limited conservator of the PERSON of *(name):*
and *Letters of Conservatorship* shall issue upon qualification.

b. *(Name):* *(Telephone):*
(Address):

is appointed ☐ successor ☐ conservator ☐ limited conservator of the ESTATE of *(name):*
and *Letters of Conservatorship* shall issue upon qualification.

19. ☐ The conservatee need not attend the hearing.
20. a. ☐ Bond is not required.
b. ☐ Bond is fixed at: $ to be furnished by an authorized surety company or as otherwise provided by law.
c. ☐ Deposits of: $ are ordered to be placed in a blocked account at *(specify institution and location):*

and receipts shall be filed. No withdrawals shall be made without a court order.
☐ Additional orders in attachment 20c.

CONSERVATORSHIP OF *(Name)*: CONSERVATEE	CASE NUMBER:

20. *(cont.)* d. ☐ The ☐ successor conservator is not authorized to take possession of money or any other property without a specific court order.

21. ☐ For legal services rendered, ☐ conservatee ☐ conservatee's estate shall pay the sum of: $ *to (name):*

☐ forthwith ☐ as follows *(specify terms, including any combination of payors):*

☐ Continued in attachment 21.

22. ☐ The conservatee is disqualified from voting.

23. ☐ The conservatee lacks the capacity to give informed consent for medical treatment and the ☐ successor conservator of the person is granted the powers specified in Probate Code section 2355.

☐ The treatment shall be performed by an accredited practitioner of a religion as defined in Probate Code section 2355(b).

24. ☐ The ☐ successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in attachment 24 ☐ subject to the conditions provided.

25. ☐ Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in attachment 25 are granted.

26. ☐ Orders relating to the powers and duties of the ☐ successor conservator of the person under Probate Code sections 2351–2358 as specified in attachment 26 are granted. (*Do not include orders under Probate Code section 2356.5 relating to dementia.)*

27. ☐ Orders relating to the conditions imposed under Probate Code section 2402 on the ☐ successor conservator of the estate as specified in attachment 27 are granted.

28. ☐ a. ☐ The ☐ successor conservator of the person is granted authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).

b. ☐ The ☐ successor conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).

29. ☐ Other orders as specified in attachment 29 are granted.

30. ☐ The probate referee appointed is *(name and address):*

31. ☐ *(For limited conservatorship only)* Orders relating to the powers and duties of the ☐ successor limited conservator of the person under Probate Code section 2351.5 as specified in attachment 31 are granted.

32. ☐ *(For limited conservatorship only)* Orders relating to the powers and duties of the ☐ successor limited conservator of the estate under Probate Code section 1830(b) as specified in attachment 32 are granted.

33. ☐ *(For limited conservatorship only)* Orders limiting the civil and legal rights of the limited conservatee as specified in attachment 33 are granted.

34. ☐ This order is effective on the ☐ date signed ☐ date minor attains majority *(specify):*

35. Number of boxes checked in items 18–34: _____

36. Number of pages attached: _____

Date:

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form Print This Form Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*
☐ After recording return to:

TELEPHONE NO.:
FAX NO. *(Optional):*
E-MAIL ADDRESS *(Optional):*
ATTORNEY FOR *(Name):*

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

FOR RECORDER'S USE ONLY

CONSERVATORSHIP OF
(Name):
CONSERVATEE

CASE NUMBER:

LETTERS OF CONSERVATORSHIP

☐ **Person** ☐ **Estate** ☐ **Limited Conservatorship**

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

1. ☐ *(Name):* is the appointed ☐ conservator ☐ limited conservator of the ☐ person ☐ estate of *(name):*
2. ☐ *(For conservatorship that was on December 31, 1980, a guardianship of an adult or of the person of a married minor) (Name):* was appointed the guardian of the ☐ person ☐ estate by order dated *(specify):* and is now the conservator of the ☐ person ☐ estate of *(name):*
3. ☐ Other powers have been granted or conditions imposed as follows:
   a. ☐ Exclusive authority to give consent for and to require the conservatee to receive medical treatment that the conservator in good faith based on medical advice determines to be necessary even if the conservatee objects, subject to the limitations stated in Probate Code section 2356.
      (1) ☐ This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of the conservatorship.
      (2) ☐ *(If court order limits duration)* This medical authority terminates on *(date):* .
   b. ☐ Authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
   c. ☐ Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
   d. ☐ Powers to be exercised independently under Probate Code section 2590 are specified in Attachment 3d *(specify powers, restrictions, conditions, and limitations).*
   e. ☐ Conditions relating to the care and custody of property under Probate Code section 2402 are specified in Attachment 3e.
   f. ☐ Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section 2358 are specified in Attachment 3f.
   g. ☐ *(For limited conservatorship only)* Powers of the limited conservator of the person under Probate Code section 2351.5 are specified in Attachment 3g.
   h. ☐ *(For limited conservatorship only)* Powers of the limited conservator of the estate under Probate Code section 1830(b) are specified in Attachment 3h.
   i. ☐ Other powers granted or conditions imposed are specified in Attachment 3i.

(SEAL)

4. ☐ The conservator is **not** authorized to take possession of money or any other property without a specific court order.
5. Number of pages attached: _____

WITNESS, clerk of the court, with seal of the court affixed.

Date:

Clerk, by _____, Deputy

This form may be recorded as notice of the establishment of a conservatorship of the estate as provided in Probate Code section 1875.

Form Adopted for Mandatory Use
Judicial Council of California
GC-350 [Rev. January 1, 2009]

Probate Code, §§ 1834, 2890–2893;
Code of Civil Procedure, § 2015.6
www.courtinfo.ca.gov

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CONSERVATORSHIP OF (Name): CONSERVATEE	CASE NUMBER:

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS

(Probate Code sections 2890–2893)

When these *Letters of Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the conservator of the estate (1) to take possession or control of an asset of the conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is *www.courtinfo.ca.gov/forms/*. Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form) or may be filled out online and printed out ready for signature and filing (fillable form).

An *institution* under California Probate Code section 2890(c) is an insurance company, agent, or broker; an investment company; an investment bank; a securities broker-dealer; an investment advisor; a financial planner; a financial advisor; or any other person who takes, holds, or controls an asset subject to a guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, a trust, a savings and loan association, a savings bank, an industrial bank, or a credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

LETTERS OF CONSERVATORSHIP

AFFIRMATION

I solemnly affirm that I will perform according to law the duties of ☐ conservator ☐ limited conservator.

Executed on *(date)*: , at *(place)*:

▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)	Date: Clerk, by _____, Deputy

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INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs *and* your court fees, you may ask the court to waive all or part of your court fees.

1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
   - Filing papers in superior court (other than for an appeal in a case with a value of over $25,000)
   - Making and certifying copies
   - Sheriff's fee to give notice
   - Court fees for telephone hearings
   - Giving notice and certificates
   - Sending papers to another court department
   - Having a court-appointed interpreter in small claims court
   - Reporter's daily fee *(for up to 60 days after the grant of the fee waiver, at the court-approved daily rate)*
   - Preparing, certifying, copying, and sending the clerk's transcript on appeal.

2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
   - Jury fees and expenses
   - Fees for court-appointed experts
   - Reporter's daily fees (*beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate)*
   - Fees for a peace officer to testify in court
   - Court-appointed interpreter fees for a witness
   - Other necessary court fees

3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

IMPORTANT INFORMATION!

• **You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.**

• **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.

• **If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.

• **If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.

• **If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).)

• **If you settle your civil case for $10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.

• **The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a $25 fee plus any additional costs of collection to the other fees and costs owed to the court.

• **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.

• **If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.

FW-001 Request to Waive Court Fees

CONFIDENTIAL

Clerk stamps date here when form is filed.

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Superior Court of California, County of San Diego

Fill in case number and name:

Case Number:

Case Name: Guardianship of:

(1) **Your Information** *(person asking the court to waive the fees):*

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

(2) **Your Job,** if you have one *(job title):* _____

Name of employer: _____

Employer's address: _____

(3) **Your lawyer,** if you have one *(name, firm or affiliation, address, phone number, and State Bar number):*

_____

_____

a. The lawyer has agreed to advance all or a portion of your fees or costs *(check one):* Yes ☐ No ☐

b. *(If yes, your lawyer must sign here)* Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

(4) **What court's fees or costs are you asking to be waived?**

☑ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)

☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

(5) **Why are you asking the court to waive your court fees?**

a. ☐ I receive *(check all that apply):* ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. *(If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)*

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income
1	$1,163.55	3	$1,988.55	5	$2,813.55
2	$1,576.05	4	$2,401.05	6	$3,226.05

If more than 6 people at home, add $412.50 for each extra person.

c. ☐ I do not have enough income to pay for my household's basic needs *and* the court fees. I ask the court to *(check one):* ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (*Explain*): _____ *(If you check 5c, you must fill out page 2.)*

(6) ☐ Check here if you asked the court to waive your court fees for this case in the last six months. (*If your previous request is reasonably available, please attach it to this form and check here:* ☐)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: _____

_____ ▶ _____

Print your name here *Sign here*

Case Number:

Your name: _____

*If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.*

7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

a. Gross monthly income *(before deductions):* $ _____
List each payroll deduction and amount below:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

b. Total deductions *(add 8a (1)-(4) above):* $ _____

c. Total monthly take-home pay *(8a minus 8b):* $ _____

d. List the source and amount of *any* other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

e. **Your total monthly income is** *(8c plus 8d):* $ _____

9 Household Income

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

	Name	Age	Relationship	Gross Monthly Income
(1)				$
(2)				$
(3)				$
(4)				$

b. **Total monthly income of persons above:** $ _____

Total monthly income *and* household income *(8e plus 9b):* $ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

***Important!* If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.**

10 Your Money and Property

a. Cash - $ _____

b. All financial accounts *(List bank name and amount):*

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

c. Cars, boats, and other vehicles

	Make / Year	Fair Market Value	How Much You Still Owe
(1)		$	$
(2)		$	$
(3)		$	$

d. Real estate

	Address	Fair Market Value	How Much You Still Owe
(1)		$	$
(2)		$	$
(3)		$	$

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

	Describe	Fair Market Value	How Much You Still Owe
(1)		$	$
(2)		$	$
(3)		$	$

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

a. Rent or house payment & maintenance $ _____
b. Food and household supplies $ _____
c. Utilities and telephone $ _____
d. Clothing $ _____
e. Laundry and cleaning $ _____
f. Medical and dental expenses $ _____
g. Insurance (life, health, accident, etc.) $ _____
h. School, child care $ _____
i. Child, spousal support (another marriage) $ _____
j. Transportation, gas, auto repair and insurance $ _____
k. Installment payments (list each below):
Paid to:
(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
l. Wages/earnings withheld by court order $ _____
m. Any other monthly expenses *(list each below)*. $ _____
Paid to: How Much?
(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____

Total monthly expenses *(add 11a –11m above):* $ _____

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FW-003 Order on Court Fee Waiver (Superior Court)

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

Fill in court name and street address:

Superior Court of California, County of
San Diego

Fill in case number and case name:

Case Number:

Case Name:

1 Person who asked the court to waive court fees:

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

2 Lawyer, if person in 1 has one *(name, address, phone number, e-mail, and State Bar number):* _____

_____

_____

_____

3 A request to waive court fees was filed on *(date):* _____

☐ The court made a previous fee waiver order in this case on *(date):* _____

Read this form carefully. All checked boxes ☑ are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your *(check one):* ☐ *Request to Waive Court Fees* ☐ *Request to Waive Additional Court Fees* **the court makes the following orders:**

a. ☐ The court **grants** your request, as follows:

(1) ☐ **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. *(Cal. Rules of Court, rule 3.55.)* You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff 's fee to give notice
- Reporter's daily fee *(for up to 60 days following the fee waiver order at the court-approved daily rate)*
- Preparing and certifying the clerk's transcript on appeal
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court
- Court fees for phone hearings

(2) ☐ **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. *(Cal. Rules of Court, rule 3.56.)* You do not have to pay for the checked items.

☐ Jury fees and expenses
☐ Fees for court-appointed experts
☐ Fees for a peace officer to testify in court
☐ Court-appointed interpreter fees for a witness
☐ Reporter's daily fees *(beyond the 60-day period following the fee waiver order)*
☐ Other *(specify):* _____

(3) ☐ **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. *(Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.)* You do not have to pay for the checked items.

☐ Preparing and certifying clerk's transcript for appeal
☐ Other *(specify):* _____

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Case Number:

Your name: _____

b. ☐ The court **denies** your request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1) ☐ The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below *(specify incomplete items):*

_____

(2) ☐ The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested *(specify reasons):* _____

_____

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. *(Use form FW-006 to request hearing.)*

c. ☐ The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about *(specify questions regarding eligibility):* _____

_____

_____

☐ Bring the following proof to support your request if reasonably available: _____

_____

Hearing Date →

Date: _____ Time: _____ Name and address of court if different from page 1: _____

Dept.: _____ Rm.: _____ _____

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

_____

Signature of (check one): ☐ *Judicial Officer* ☐ *Clerk, Deputy*

Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and *(check one):* ☐ A certificate of mailing is attached.

☐ I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

☐ This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from *(city)*: _____, California on the date below.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

Order on Court Fee Waiver (Superior Court)

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